

**NOTIFICATION OF RENEWAL**

**SYMETRA<sub>SM</sub>**  
FINANCIAL

Policyholder Name: City of Orlando

Policy Number: 16-012839-00

Effective Date: January 1, 2017 through December 31, 2017

**Please complete the appropriate section(s) below:**

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**Excess Loss:** The above account has renewed on the following terms:

**Individual:** Contract: **Paid**      **Medical and Prescription Drugs**

Deductible Level: **\$600,000**    Individual Advantage Deductible: **\$228,000**

Lifetime Maximum: **Unlimited**

Renewal Individual Rates: **Premium Rates -**  
**Covered Units Composite: \$6.35**

Terminal Liability Coverage: **No**

**Aggregate:** Contract: **N/A**

Renewal Aggregate Factors:

Aggregate Premium:      Lifetime Maximum:

Monthly Aggregate Accounting:

Terminal Liability Coverage:

Managed Care Network(s): **UHC**

**PLAN ADMINISTRATOR'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AGENT SIGNATURE:** Roxane Herbstsommere **Date:** 11-28-16

This form needs to be completed and returned to The Crowne Group no later than 15 days following the renewal effective date. Please forward to:

**The Crowne Group**  
**Attn: Roxane Herbstsommere**  
**rherbstsommere@crowneinc.com**  
**FAX: (407) 654-9614**